

PLAN B (HIGH OPTION)

Delta Dental PPO High Option Group #7616-2000 & 2001	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
	Based on PPO – reduced maximum plan allowance No balance billing	Based on Premier- maximum plan allowance No balance billing	Based on Delta Dental maximum plan allowance; Balance billing is possible
Diagnostic and Preventive Services <ul style="list-style-type: none"> ➤ Oral exams (all types), twice per benefit period ➤ Bitewing x-rays, one set per benefit period ➤ Dental prophylaxis, twice in any benefit period ➤ Topical fluoride for patients under age 14, once in any benefit period ➤ Emergency palliative treatment ➤ Sealants for dependent children under 16, limited to caries free occlusal surfaces of the first and second permanent molars once per tooth every 5 years ➤ Space maintainers to replace prematurely lost teeth of eligible dependent children under age 16, once in 5 years 	100%	100%	100%
Basic Services <ul style="list-style-type: none"> ➤ Periapical x-rays as required ➤ Full mouth x-rays, once in 36 consecutive months ➤ Simple extractions ➤ Fillings - restorative services using amalgam, synthetic porcelain and plastic material 	80%	80%	80%
Major Services <ul style="list-style-type: none"> ➤ Endodontics: root canal filling and pulpal therapy ➤ Periodontics: treatment for diseases of gums and bone supporting the teeth ➤ Complex oral surgery, including surgical extractions ➤ Crowns, bridges and dentures, once in five years ➤ General anesthesia for covered surgical procedures 	10% - 1 st year 25% - 2 nd year 50% - 3 rd year+	10% - 1 st year 25% - 2 nd year 50% - 3 rd year+	10% - 1 st year 25% - 2 nd year 50% - 3 rd year+
Orthodontic Services for children to age 19	0% - 1 st & 2 nd year 50% - 3 rd year+	0% - 1 st & 2 nd year 50% - 3 rd year+	0% - 1 st & 2 nd year 50% - 3 rd year+
Annual Deductible Per person – Per subscriber year	\$50 – Waived for Coverage A services		
Annual Maximum	\$1,000 – Per person – Per subscriber year		
Lifetime Orthodontic Maximum	\$0 - 1st year, \$0 - 2nd year - \$1,500 3rd year +		
Benefit Period	<i>Your dental benefits are provided based on a calendar year beginning January 1st and ending December 31st each year.</i>		
Dependent Age Limit: End of the month in which your dependent turns age 26. <i>Please notify your employer when you have dependent status changes, student status information, or dependents are no longer eligible for coverage. Delta Dental of MO will not update eligibility unless notified by your employer.</i>			

DELTA DENTAL CUSTOMER SERVICE: (800)335-8266 / WEBSITE: www.deltadentalmo.com

Delta Dental gives you the freedom to visit the dentist of your choice and to select any dentist on a treatment by treatment basis. It is important to remember your out-of-pocket costs may vary depending on your choice. You have three options and the information below describes what you can expect depending on whether you receive services from a Delta Dental PPO dentist, a Delta Dental Premier dentist or a non-participating dentist.

In PPO Network

1. Delta Dental PPO Network*

Comprised of a select panel of dentists, over 97,000 dental offices participate in the Delta Dental PPO program. Delta Dental will provide the highest level of benefits (see benefit highlights) for covered services when care is received from a Delta Dental PPO dentist. These dentists agree to:

- **Accept payment based on a reduced fee schedule** – reducing your out-of-pocket expenses – *with no balance billing for charges that exceed the fee schedule.*
- Submit dental claims for members and abide by Delta's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

***Your out-of-pocket expenses will be lowest when you see a Delta Dental PPO dentist.**

In Premier Network

2. Delta Dental Premier Network

Comprised of over 174,000 participating dental offices, Delta Dental Premier offers you greater access to dentists while still offering the advantages of a network. These dentists have participating agreements with Delta Dental which require them to:

- **Accept payment based on Delta's contractual agreement** – which means **no balance billing** for charges that exceed the contracted amount.
- Submit dental claims for members and abide by Delta's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

If your dentist is not a Delta Dental PPO dentist but is a Delta Dental Premier dentist, your benefit will be based on the Premier benefit level; however, you will receive the cost control and claims filing advantages noted above.

Out of Network

3. Non-participating Dentist

If you receive services from a non-participating dentist (does not participate in either Delta Dental network) benefits for covered services are based on the Delta Dental maximum plan allowance and :

- You will be responsible for filing your own claim forms.
- Delta Dental's benefit payment will be made directly to you.
- You will be responsible for the difference between the dentist's charge and the maximum plan allowance.

Your out-of-pocket expenses may be more when you use a non-participating dentist.

Locating a Participating Dentist...

To determine if your dentist participates with Delta Dental or to select a participating dentist in your area:

- Ask your dentist if he or she participates in the **Delta Dental PPO** or **Delta Dental Premier** program
- Search on-line at www.deltadental.com, Call Delta Dental Customer Service at **1-800-335-8266**

Or

Scan the image below to search for a PPO or Premier participating dentist:

